



Application No. (if known): 10/643,003

Attorney Docket No.: 02291/100H204-US1

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MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 3, 2004
Date

A. Stantini

Signature

A. Stantini
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal
Amendment
Amendment Transmittal (1 page)
Terminal Disclaimer by Applicant Attorney
Check in the amount of \$110.00 *#6915*

12-06-04

KDWB

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|--|----------------------------------|--------------------------------|-----------------------------|---------------------------------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 02291/100H204-US1 |
| Application No. 10/643,003 | Filing Date August 18, 2003 | Examiner E. Peselev | Art Unit 1623 | |
| Applicant(s): Zhongming Zeng | | | | |
| PHARMACEUTICAL COMPOSITIONS FOR PROMOTING THE GROWTH OF GRAM-INVENTION: POSITIVE BACILLI AND INCREASING THE ACIDITY IN VAGINA AND THE USE THEREOF | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 12 | - 20 = | | x |
| Independent Claims | 3 | - 3 = | | x |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): Statutory Disclaimer 110.00 | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 110.00 | | | | |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> A check in the amount of \$ 110.00 to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
| <u>Howard M. Frankfort</u> Dated: December 3, 2004 Howard M. Frankfort, Ph.D. Attorney Reg. No.: 32,613 | | | | |
| DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7744 | | | | |
| Express Mail Label No. _____ Dated: _____ | | | | |

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O I P E JC10
DEC 03 2004
PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/643,003 |
| Filing Date | August 18, 2003 |
| First Named Inventor | Zhongming Zeng |
| Examiner Name | E. Peselev |
| Art Unit | 1623 |
| Attorney Docket No. | 02291/100H204-US1 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order
 Deposit Account None

| | |
|------------------------|--------------------|
| Deposit Account Number | 04-0100 |
| Deposit Account Name | Darby & Darby P.C. |

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

To the above-identified deposit account.

 Other (please identify): _____

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 | 18 | 9 |
| Each independent claim over 3 | 88 | 44 |
| Multiple dependent claims | 300 | 150 |
| For Reissues, each claim over 20 and more than in the original patent | 18 | 9 |
| For Reissues, each independent claim more than in the original patent | 88 | 44 |

| | | | |
|--------------|--------------|----------|---|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 20 or HP = | x | = | HP= highest number of total claims paid for, if greater than 20 |

| | | | |
|---------------|--------------|----------|--|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 3 or HP = | x | = | HP= highest number of independent claims paid for, if greater than 3 |

| | | |
|---------------------------|----------|---------------|
| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|

| | |
|--------------|---------|
| Subtotal (2) | \$ 0.00 |
|--------------|---------|

FEE CALCULATION

1. BASIC FILING FEE

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) |
|------------------------|----------------|-----------------------|---------------|
| Utility Filing Fee | 790 | 395 | _____ |
| Design Filing Fee | 350 | 175 | _____ |
| Plant Filing Fee | 550 | 275 | _____ |
| Reissue Filing Fee | 790 | 395 | _____ |
| Provisional Filing Fee | 160 | 80 | _____ |
| Subtotal (1) | \$ 0.00 | | |

3. OTHER FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid |
|---|----------|-----------------------|-------------------------------|
| 1-month extension of time | 110 | 55 | _____ |
| 2-month extension of time | 430 | 215 | _____ |
| 3-month extension of time | 980 | 490 | _____ |
| 4-month extension of time | 1,530 | 765 | _____ |
| 5-month extension of time | 2,080 | 1,040 | _____ |
| Information disclosure stat. Fee | 180 | 180 | _____ |
| 37 CFR 1.17(q) processing fee | 50 | 50 | _____ |
| Non-English specification | 130 | 130 | _____ |
| Notice of Appeal | 340 | 170 | _____ |
| Filing a brief in support of appeal | 340 | 170 | _____ |
| Request for oral hearing | 300 | 150 | _____ |
| Other: <u>1814 Statutory Disclaimer</u> | | | 110.00 |
| | | | Subtotal (3) \$ 110.00 |

SUBMITTED BY

| | | | | | |
|-------------------|----------------------------|--------------------------------------|--------|------------------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 32,613 | Telephone | (212) 527-7736 |
| Name (Print/Type) | Howard M. Frankfort, Ph.D. | | Date | December 3, 2004 | |

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Dated: _____